

STATEMENT OF APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

I recognize that initial membership and continued membership on the Medical Staff is dependent on professional competence, ethical practice, continuing education, professional ability to work with others and such further qualifications, standards and requirements set forth in the Medical Staff Bylaws, Rules and Regulations of the particular facility where I have applied for membership.

I understand that each facility identified on the face sheet of this application is affiliated with Ministry Health Care, Inc. (the "System") and that each facility within the System where I currently hold privileges or facilities to which I have applied, may share information relating to my professional qualifications, competence and performance with other facilities within the System.

I understand that the Medical Staff of each facility where I have applied for membership must evaluate my professional competence and qualifications and make appropriate recommendations to their individual Governing Boards, and that such responsibility extends to both the processing of my initial application and the continual assessment of my performance should I be granted membership and privileges. It will be necessary to investigate my professional training, experience, and professional conduct and judgment, and criminal record, and to inquire of other persons and institutions, including medical schools, hospitals, employers, medical societies, professional liability insurance carriers, managed care plans, individual practitioners, and other appropriate sources, as to information regarding my qualifications. Additionally, I understand that the hospitals and Medical Staffs where I have applied may receive requests from other hospitals, medical societies, and other legitimately interested organizations and institutions, for information pertaining to my qualifications and performance as an applicant and/or member of their Medical Staff. I recognize that all evaluations, inquiries and responses to inquiries regarding my professional competence and qualifications shall be carried out in a professional and ethical manner, with due regard for appropriate confidentiality of the information in issue. I also recognize that in seeking and exchanging information, as well as in the peer review and evaluation process, candid evaluations may give rise to statements that may be critical or otherwise arguably defamatory of me.

I also recognize that I will be afforded the fair hearing procedure prescribed in the Medical Staff Bylaws of the particular facility or facilities where I have applied for membership in the event that action by that facility on this application, or with respect to my privileges, triggers hearing rights as specified in the Medical Staff Bylaws.

For purposes of this application, I understand that the term "hospital representative" includes the Governing Board of each hospital, its members and committees; the chief executive officer and authorized members of the administrative staff of each hospital; all Medical Staff members, departments and committees that have responsibility for collecting or evaluating my credentials or acting upon my application; and any authorized representative of the foregoing. I understand each hospital will make their own independent decision on membership and privileges, and that each hospital has its own fair hearing procedures and Medical Staff Bylaws, Rules and Regulations.

I pledge to maintain an ethical practice, to provide for continuous care of all my patients, to practice within the scope of my profession as reflected by my licensure, certification, registration and other professional designation, and to acknowledge and abide by any Medical Staff Bylaws requirement for release and immunity from civil liability. I pledge not to engage in any form of fee splitting. I agree to abide by the Ethical and Religious Directives for Catholic Health Services. If applicable, I agree to abide the standards of accreditation of the Joint Commission on Accreditation of Healthcare Organizations.

Recognizing these facts, I specifically agree and consent to the following:

- * To appear if requested before Medical Staff officers, department and service chiefs, and Medical Staff committees for interviews or inquiries regarding this application.
- * To assist, in every way possible, the Medical Staff and hospital representatives, in gathering the information necessary to determine my qualifications. In this regard, I recognize that I have the burden of resolving any reasonable doubts about my qualifications for Staff membership and the requested privileges;
- * To the communication and use of otherwise confidential information pertaining to my professional qualifications, competence and health status (which means my mental, physical and emotional health and stability) for purposes relating to evaluating my ability to either safely exercise any clinical privileges requested or fulfill any medical staff responsibilities and obligations or patient care duties to be assumed by me if I am appointed to the medical staff, between these hospitals and their Medical Staffs and other persons, hospitals, medical staff, employers, professional societies, training programs, professional associations, managed care plans, professional liability insurance companies, and licensing authorities in jurisdictions in which I have trained, resided, or practiced, for the present and continuing evaluation of my professional training, experience, character, conduct, competence, health status, and judgment;
- * To the sharing of information pertaining to my professional qualifications, competence, and performance as a staff member at any facility within the System where I currently hold privileges or facilities to which I have applied within the System;
- * To release from liability, to the fullest extent permitted by law, the hospitals and all hospital representatives for their acts in connection with evaluating me, this application and my credentials, qualifications and experience;
- * To release from liability, to the fullest extent permitted by law, all individuals, corporations and organizations who provide information, including otherwise privileged or confidential information, to the hospitals and hospital representatives concerning my ability, training, experience, background, professional ethics, character, health status and other qualifications relating to my application;
- * To sign any supplemental releases, authorizations or consent forms that may reasonably be required in connection with my application for membership or clinical privileges (including authorizations for release of health status information) and understand that my failure to execute authorizations when requested would result in my application being considered withdrawn; and
- * To abide by the terms of the Medical Staff and hospital Bylaws in all matters relating to the consideration of this application, regardless of whether I am granted Medical Staff membership or the privileges sought. In this regard, I acknowledge that I have received and had the opportunity to review the Medical Staff Bylaws, Rules and Regulations, any Hospital Bylaws or rules and policies that may pertain.

I understand that I have a right to be informed of the status of my application, the right to review information obtained by the Medical Staff Office to evaluate my credentialing application, and the right to correct erroneous information obtained from other sources that varies substantially from that provided by me. This evaluation includes information obtained by any outside primary source (e.g. malpractice insurance carriers, state licensing boards). It is my understanding that I may not be allowed to review references or recommendations or other information that is peer review protected. Information obtained that varies substantially will be communicated to me in writing by the Medical Staff Office. I understand that additional information and/or corrections to the application must be submitted in writing to the Medical Staff Office and will be retained in my credentials file. I understand that failure to respond to a written request from the Medical Staff Office within 60 days will result in my application being deemed null and void, with no further processing required and no hearing or appeal rights.

I fully understand that any significant misrepresentations, misstatements in or omissions from this application, whether intentional or not, may result in denial of requested membership and clinical privileges or revocation of membership or privileges. I hereby affirm that the information furnished by me to the Medical Staff is true and complete to the best of my knowledge and is furnished in good faith.

Furthermore, I understand that I have a duty to report certain events, such as corrective actions, licensure actions, and federal health program exclusions, among other things, that have been imposed upon me and also understand that each facility within the System where I currently hold privileges or facilities to which I am applying have a duty to report to other facilities within the System.



Signature

Date

12/09

EXHIBIT A